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Date: Time:   Date:   Date:   Time:		iod: (	)	Cover Type: (		)
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SN0921110001 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 18/01/2021 09:26 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (18/01/2021 09:26 (SGT))



# **SINGAPORE ACCIDENT STATEMENT**

### IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

2. This Form must be completed by the Policyholder and/or the Authorised Driver

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.

4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for Investigation.

- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

# ACCIDENT STATEMENT

18/01/2021 09:26 (SGT) Date of Submission 16/01/2021 00:30 (SGT) Date of Accident Tanjong Pagar, Singapore Exact Location of Accident Additional Location Information Singapore Country/State of Loss

### **DETAILS OF OWN VEHICLE**

SJT5709H Vehicle Registration Number

### INSURED/POLICYHOLDER

Is company? LOO HAN KWANG Name Of Registered Owner SXXXX283A NRIC No DAIHONGLOO@GMAIL.COM Email Address (Phone) +65-96349158 Mobile Phone No +65-96349158 Alternative Phone No .....

### VEHICLE PARTICULARS

Volkswagen Manufacturer Golf Model Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private car Vehicle Category

# INSURANCE COMPANY

Name of Insurance Company Comprehensive Type of Coverage Fleet Policy PNPV2020-00010024 Policy Number Cover Note Number

### DRIVER

LOO DAI HONG Name of Driver SXXXX108B NRIC No 05/09/1996 Date Of Birth Indoor Occupation

Date Of Driving Pass	15/11/2016
Driving experience	4 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96349158
Alt. Phone Number	
Email Address	DAIHONGLOO@GMAIL.COM
Email Address	BLK 461A YISHUNAVE 6 #11-1031
Address	BLK 461A TISHUNAVE O #11-1031
Address complement	704404
Postcode	761461
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Vehicle Registration Humber of Outer Towns -	(4))
Insurance Company of Other Vehicle Owned by Driver	352
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry
Road Sunace	U. S. C.
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured in the Acceptant	No
Was any other material or property damaged?	Yes
Was any other material or property damaged?	1
Number of Passengers (Including Driver)	E
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Yes
was the accident reported to the police?	15,7002
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	5.
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICEREPORT T/20210116/7042	
ATTACHMENT(S)	
A coldent the stee over the black mant?	Vac
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number	SLV1161D
venicie registration rumber	SETTIVIES:
Vehicle Manufacturer	
Vehicle Model	
Vehicle Variant	. <del></del>
Vehicle Colour	The second secon
Vehicle Category	Private car

Private car

Vehicle Category Name of Driver Contact Number

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

# INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	LOO DAI HONG
Address	
Address Complement	( <u>a</u>
Post Code	
Approximate Age Years Old	·
Injuries Sustained	BODY
Injured person in which vehicle?	SJT5709H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for Investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (∦ driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Skotch Plan

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# Declaration

I/We declare the foregoing particulars are true in every respect

H

Driver's Signature (If driver is not the policyholder) / Date & Time





1 of 4

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Report No. T/20210116/7042

Date/Tim 16/01/20	e Report M 21 05:00	lade:	Vide Report No.: A/20210116/0008	Station Diary No.		
Informar	nt's Particu	ulars				
	Informant:		Address: 461A YISHUN AVENUE 6 #11	1-1031 SINGAPORE 761461		
ID Type / ID No.: NRIC NO / S9632108B			Contact No.: Home/Office:	Mobile: 96349158		
Nationality: SINGAPORE CITIZEN			Email: DAIHONGLOO@GMAIL.COM			
Sex: Age: Date of Birth:			Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupati self-emp			Driving Licence Information: Class: 3A	Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/01/2021 00:30	Type of Location
Location:				
GOPENG ST	REET			
A CONTRACTOR OF THE PARTY OF TH		Road Surface:		Road Speed Limit:
Weather: Clear Traffic Flow: Two Way		Road Surface: Dry Traffic Control: Not Controlled	T	raffic Volume:

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJT5709H	Car	VOLKSWAGO N	GOLF 1.4	Red	Seriously Damaged	0
SLV1161D	Car	HYUNDAI	Elantra	White	Seriously Damaged	0





2 of 4

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Report No. T/20210116/7042

Tel No: 65470000

### CONTINUATION OF REPORT

THE RESERVE AND ADDRESS OF THE PARTY.	ehicle insurance		Effective	Expiry Date
Vehicle No.	Insurance Company	Insurance No	Fliective	Expiry Date
SJT5709H	FWD Singapore Pte. Ltd			

Details of Perso	n Involved	No Real State	The Lot of	STRUCTURE OF THE PARTY OF THE P	ISSAMBANDAD TO ESTA
Any Pedestrian Ir	nvolved: No			BANK	
No. of Pedestrian	s Injured: NIL	Use of Pe	destriar	Cross	ing: NA
Driver					
Name	LOO DAI HONG		ID No		S9632108B
Related Vehicle	SJT5709H (Car)			ct No.	96349158
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			of g ce &	Class: 3A Date of Expiry: NIL
Date	16/01/2021 Date		Lixe	16/01	/2021
	ted Medical Leave 07	Degree o	of	Slight	
Driver			1000		
Name	DAVIS ERIC CHAN YONG CI	ID No	).	S1423760G	
Related Vehicle	NIL	Contact No.		NIL	
Hospital/Clinic	NIL			of ng ce &	Class: NIL Date of Expiry: NIL
Date	NIL	Date		NIL	
No of Days gran	ted Medical Leave NIL	Degree o	of	NIL	

# Brief Details.

Traveling on tanjong pagar towards keppel. Suddenly there was this car SLV1161D which was going at the oppsite direction, turning to gopeng street without stoping nor the signal was on. I applied the ebrake on my car, the wheel got lock up i tried to avoid SLV1161D by dodging to the left but he did not stop and we collided. My car was ended up at the oppsite direction of gopeng st and his car was on the pavement. My car air bags was depolyed and was in a shock and black out for around 40second to 1 min till a passer by who saw the incident opened my door to call me and helped me out of the car. Traffic police was at scene. Ambulance was at seen to check on both drivers the other party was conveyed. After my car was tow i went to mount alvernia hospital where i was giving 7 days MC for the pain and suffering (Dizzyness,both hand muscle was badly strain, neck pain, back pain and pain on the right leg).





T/20210116/7042

3 of 4

Report No. T/20210116/7042

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT





T/20210116/7042

4 of 4

Report No. T/20210116/7042

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

**Authentication Stamp** 

NP168

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 16/01/2021 05:00
Officer In Charge Of Case: TP / TPHQ / NG BEIFENG Contact No.: 65476845	Classification Of Case:



# CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance if Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

POLICY NUMBER: PNPV2020-00010024 (Comprehensive - Classic Plan)

Car plate number: SJT5709H

Your name (As the policyholder): Loo Han Kwang

Coverage start date: 31/10/2020 Coverage end date: 30/10/2021

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive:

(a) You; and

(b) Anyone with a valid driving license who You give permission to drive Your Car.

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to drive Your Car understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Car is being used for non-commercial activities in accordance with Your contract.

Finance company:Ricardo

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 08/09/2020

Khor Kee Eng Chief Executive Officer FWD Singapore Pte Ltd Please immediately inform us at +65-6820-8888 or email us at contact.sg@fwd.com if any details in this Certificate of Insurance need to be changed.

Date of Accident	: 16.01. 2021 Accident Time: 12.30 am (24-HR-Format)
Accident Place	: Tanjong pagar Towards Keppel
CONTRACTOR AND ADMINISTRAL INSTALLAN	: SJT 5709H Make/Model: Volkswagen Golf.
Vehicle. No. (Car Plate No.)	AUDV 2424 000 10021
Insurace Company	: FWD Policy No: PNPV 2020 - 000 10024
Owner or Company Name /IC No.	: 100 Han Kwang (S1737283A)
Owner or Company Contact No.	:Owner's HpCompany Tel
DRIVER'S Name / IC No.	: 100 Dai Hong ( \$9632 108 B )
DRIVER'S Date Of Birth	: 05.09. 1996 DRIVER'S License Pass Date 15. 11. 2016
Relationship of Owner & Driver	: Spouse Parents Children \ Sibling \ Employee \ Others:
DRIVER'S Address	: BIE 461A Yishun Ayanue 6 # 11-1031 (S) 761461.
DRIVER'S Contact No./ Alt No.	:1) 9634 9158 2)
DRIVER'S Occupation	INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	: daihong loo @ gmail - com
Weather & Road Surface	CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Di	river): \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Was there any video Captured by ca Exact purpose for which vehicle was Any Injury (If YES, Pls state):	s being used at the time of accident. Retvale use a work purpose
Other I	Party Driver's Particular (if any)
Vehicle. No:	Vehicle. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:
* NEW - Passenger's name &	& gender:

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